

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 4  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00569905       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>INTERNATIONAL DATA MANAGEMENT, INC.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 12 / 14 / 2015</div> </div>		
Mailing Address 490 WHITE POND DRIVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2435.79</div>		
City AKRON	State OH	Zip Code 44320-1122	<b>Transaction ID : SE24.2313</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 12 / 14 / 2015</div> </div>		
Purpose of Expenditure POSTAGE		Category/ Type 004	Name of Federal Candidate DR. BEN CARSON		
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

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Full Name of Payee <b>RST MARKETING</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 12 / 14 / 2015</div> </div>		
Mailing Address 1272 CORPORATE PARK ROAD			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6700.00</div>		
City FOREST	State VA	Zip Code 24551-2277	<b>Transaction ID : SE24.2433</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 12 / 14 / 2015</div> </div>		
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/ Type 004	Name of Federal Candidate DR. BEN CARSON		
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

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(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9135.79</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY  
02 / 18 / 2016

Signature